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A FEW PROBLEMS OF THE PRIVATE NURSE *

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It has seemed to some of those who are prominent in directing this state meeting of nurses that we graduate nurses may, with distinct profit, leave for a time public charities, labor problems, and sundry other large and important outside subjects that insist on every now and then cropping up in our midst, to the exhibition of the people whom they more nearly concern, and turn on, instead, a few search-lights in our own vicinity,—that nurses need to know nurses and nursing far more than they need acquaintance with these external if somewhat allied questions of human welfare. It might appear rather reasonable that we should concentrate a bit, and come home and look over our attic possessions, and those in the cellar as well: so this time we are a meeting of nurses; and hence the titles of our papers.

Private nursing, a vast section under the parental roof, comes by fate to me, and if I but touch lightly on a few of its divisions you will know that I merely wish to suggest, and that other papers and the words of wisdom that some of you have laid by for the moment of discussion, are our dependence for real enlightenment. I approach the subject with respect and in the spirit of an earnest seeker after truth. Few people have more problems than the private nurse because few people have more varied experience. By far the larger portion of the women who nurse are private nurses, and for them no one carries a brief. They are rather a down-trodden lot, with few champions, and each one works out her own salvation. We hear much and see much in print of other phases of nursing work, regardless of the fact that it is the rank and file, the more or less humble "special" nurse who forms the great body of her profession and on whom, very largely, its honor depends. Did it ever occur to some of us who are here to-day, that we are perhaps less proud of the distinction of being *good* private nurses than we should be? That we ourselves honor, rather, our friends who make up the executive personnel of hospitals, who are district nurses, or who have branched out into one or another of the several new lines of work for nurses? Was there ever an association of private nurses to study and report on private nursing? There is, we know, an association of

* Read at a meeting of the Maryland State Association of Graduate Nurses.

superintendents, and our district people go off to conventions, and all wax more important than the nurse who does private duty. She seems—is, perhaps—content to get through her each day's work and go on to the next without a future, without a thought of rising beyond the imperious necessity of bread—and a few clothes—and occasionally a penny for a rainy day. She passes, not infrequently, from house to house without inspiration, without an impression on the house's occupants, other than to have done her more or less faithful duty by the patient. Between cases she variously fills in her time in resting, going to the theatre, repairing her wardrobe and seeing a few neglected friends. If she is sometimes not above a good deal of ill-temper when off duty, or of narrow criticism of doctors and patients, her hospital, her living quarters, the registry under which she works, or of her fellow-nurses, all this is not of necessity because she is an unamiable creature, but because she overworks, leads an irregular and sometimes precarious existence; does not always hold herself up to the mark in her profession, and so gets out of tune with her surroundings and her work. The private nurse is many times the nurse with financial burdens; other branches of nursing pay too little to be taken up by nurses who must have money. Sometimes, too, the private nurse is out for gain for selfish reasons. She likes what she can acquire with money. If this be in reality her motive in nursing, she has but little happiness ahead of her. The game and the candle are too much at variance. On the other hand, that private nurse who works for legitimate gain in finance, in a proper spirit of altruism and for a love of her work, keeping in view a constant uplift for herself and the people with whom she comes in contact, may have and does have a pretty happy existence. But it will not be an easy life; she must make up her mind to a few sacrifices.

Nursing conditions have changed of late years very considerably. Formerly, when called to a case, the nurse went into a home, rolled up her sleeves,—figuratively, if not literally—plunged in for something like twenty hours' duty out of the twenty-four, got her patient barely out of bed and returned exhausted to recuperate for the next breathless case: and that was all of nursing. Never one long nervous case of months' or even years' duration, where the nurse, when the immediate treatment is over, goes off with her patient to the seashore or to Europe, or holds up the still weak hands—or rather mind,—in the patient's own home till the requisite strength and courage at last arrive and the invalid takes up again her accustomed duties. Nor, though never so much of a necessity as now, was the nurse before retained as a matter of luxury or as a general buffer against outrageous fortune. Larger

incomes on the part of patients and the increasing knowledge on the part of the world in general that in a nurse they have something trained and stable as against amateur and spasmodic efforts from friends and relatives, not to speak of the inefficiency of other paid assistants, have considerably popularized the nurse. If she is not always, in the words of our good Marcus Aurelius, "like a promontory of the sea against which tho' the waters beat continually yet it both itself stands and about it are those swelling waves stilled and quieted," she is many times the main support, mental and moral, of an entire household—guide, philosopher, and friend, to a large circle. In these capacities—this newer nursing—the nurse may have brought into play all her qualities as a woman, all her capabilities as a manager of households, and trainer of children, all her knowledge of finance, all her social gifts; in fact, all the gifts of a most liberal fairy godmother, aided by vigorous hospital-training and a full knowledge of the world, will be none too good equipment for the demands that she may be called on to meet. Above all else, she must possess that glorified common sense known as tact, for without it she is a failure here or anywhere. Tact—we call it that for want of a better name—is the governing rod in the whole machinery of nursing. It controls the power. A nurse has got to feel when she may or may not enforce rules, when she may give reasons and when it is wise *not to know*. She must have conscious strength, and the patient must realize her superiority. Sometimes her best efforts may go unappreciated, but the public is a pretty discerning thing, and a nurse's average rating is rather apt to be arrived at in a career of not necessarily many years. She is often a sort of moral sign-post to a numerous following of patients and their friends who yield her unlimited homage, who seek her out, and who quote her and make her life miserable by over-praise and over-kindness—a species of adulation that is as harmful to the nurse's development as are the discouraging criticisms of a quite opposite clientele. These latter people never are pleased, and if an angel came and ministered to them would find his wings taking up a deal too much space in their bed-rooms. But as neither of these forms the major part of one's nursing field,—we repeat it, the public knows fairly well what kind of material is in a nurse. It is well if she examine herself now and then and tabulate her sins no less than her virtues.

Let her have, in dealing with the world in nursing, that strong sense of justice that makes it impossible for her to see only one side of a thing; else is she apt either to fall into a neglect of herself, her health, and her rounding out of character, or else fail of her full duty to the sick man and his family. She should grasp the whole situation.

She must for herself have proper rest, and food, and recreation. Worn in body and spirit, what nurse can give her best care to an invalid? Yet, thinking chiefly of herself and her material benefit, how is she to get the heart that must go to help, as the brains in mixing paint, in the serious fight that lies ahead of any illness whatever? If we do not love our work, fellow-nurses, if we have not that enthusiasm that moves mountains, which is faith enlivening our works, we might better lock up our diplomas, refuse the coveted R.N. and leave our places to better women. I have spoken of the nurse's need for rest, which is essential; but is the nurse always wise or kind when, in order to get relief, to have time to herself, even necessary time, she makes the demand for another nurse on her case? Remember that the cost of even one nurse, though she save the sixty pounds that were formerly spent in drugs, is a distinct burden in the average—or above the average—household. Two nurses, sometimes three, fairly swamp a small income. The doctor, perhaps, advises a second nurse—certainly is willing to call her in—but the doctor may not think, as you certainly should, of what this means financially and in accommodation, food, and so on to the patient. Could you not, by instructing some member of the family, or a servant, or a careful friend of the family, take your rest, and feel that your patient is cared for? Many times this would be quite possible, the patient none the worse for it and the family certainly grateful. We *sometimes* fail to consider the family rights as we should. We put off at arm's length all who mean anything to the sick man and forget the agony of spirit these people undergo, or what the patient misses in the accustomed smile or the tender touch of those who love him. We should use judgment as to who and when, but I doubt that we have always the right to break into families as we do, upset their running, and add to the terrible shock of illness an alien element of unsympathy and austere demeanor.

Much has been said and thought on dealing with other people's servants. This problem each nurse must solve for herself at each new case. She is perhaps fortunate in these days of domestic uncertainty if she has servants to contend with, and we can only give her our kind wishes for success in their management and the caution that a servant needs very slight extra excuse to "give notice" anywhere, and that diplomacy is with servants as useful as in courts or embassies. Some of our nurses might be able to tell us, and I hope will do so, how they have met the practically no-servant problem, and how they have succeeded in nursing in apartments and boarding-houses, where conditions are materially different than in the nursing of former days. Limited

space, limited cooking facilities, little privacy and no quiet, mean a change in one's former habits and practices that call out the ingenuity of the nurse very fully. Again, other nurses might tell with advantage how they have nursed in hotels, where conditions are simpler because service is better, and things may always be got and set at one's hand, but where the nurse is fairly a prisoner in the one or two rooms at command, and where she may not ever leave her patient's room without a change from uniform to other clothes. Hotels do not allow nurses' uniforms at their tables, and no nurse wants to appear in public in her nursing garments. She must either adopt a dress of pongee or other wash material, perhaps, that is presentable and does not attract attention, or she must have her meals sent up. This last is an expense to the patient and gives the nurse no meal-time relaxation. With convalescents and nervous patients in hotels, ordinary dressing, not over-conspicuous in any way, is better form and more pleasant. Nursing the very wealthy, too, either in houses or hotels, those who are not seriously ill and yet are not well, and like to have a nurse around, presents its own problems. How far one may serve these patients and not infringe on the maid's proclivities, and not pauperize, so to speak, the patient's own stock of independence and of moral backbone,—this requires a certain staunchness with kindness that is somewhat rare and is to be always borne in mind with wealthy and exacting patients.

Each nurse must settle for herself how she can reach the very poor in a nursing way, or if it is possible for her to help the less easily aided and quite self-respecting class above the poor, who have not twenty-five dollars a week to pay the nurse's salary, yet who would so gladly pay half that sum to get skilled care for its sick. These are often the very people who appreciate most the refinements of nursing, and who suffer most when they lack good care. So long as we have one price for all kinds of nursing and all kinds of nurses, so long will the need of the moderate income patient go unfulfilled. Is the day not drawing near when a nurse may exercise one rule of any profession whatsoever but our own, and admit the wisdom of less rigid and less set prices?

Ours is the only profession which has not yet adopted a sliding scale of charges. This may have been to our credit, for living has tremendously increased in cost, and incomes other than our own have grown larger all about us. At least one railway has quite recently raised considerably the pay of its employees, showing the tendency of the times and the necessity of considering the "under dog." Yet nurses get to-day the same compensation as twenty-five years ago, and that for work which has cost them three years of hospital-training instead of

two years, and whose preliminary demands are to be compared in no way with what was not long since exacted of nurses. If one nurse is worth five dollars a day and another but two, why should each draw three dollars and fifty-nine cents, and this in New York City where the nurse's living is at the top of the scale in expensiveness, as well as in a small country town where low priced commodities make living not over half so costly, and where the man who pays has not one-tenth the money to pay with that the city man possesses? You may say that a nurse gives her best in every case, and is entitled to the same return in every instance. Is a surgeon less careful in operating if his patient is poor and can pay only half the usual charge, or is a lawyer less conscientious, if he is half a man, in the conduct of the poor man's case than in the business of a moneyed client? I think the moment is upon us when we must at least stop and look about us and consider these matters. I have been told of a French nurse in Paris,—trained in France,—who gets thirty francs (six dollars) a day for her work. She has a reputation in typhoid cases and is sent out by one of the best consultants of Paris. This brings us to the question of specializing in nursing.

A nurse may not care to register against certain kinds of cases; though it is conceded that she may do so, I believe, in almost any registry, and there may be valid reasons of health or surroundings for the exclusion of tuberculosis or contagious diseases, and for refusing to nurse an obstetrical case without previous experience. Ethically it may be, a nurse could refuse any line of work she feels incompetent to undertake, but practically it seems this presents difficulties far too many for the average registry to cope with. A more plastic system of fitting nurses to cases would be to admit specializing and hail it gladly. There is small reason why the nurse who prefers nervous cases and feels competent to carry out psychotherapy, should run to the first operative case that wants a nurse, or the famous obstetrical nurse take a patient with typhoid fever—none whatever. The doctors do make an effort sometimes to discriminate, but doctors don't always know the nurse, nor have some of them the first gift in selecting the right nurse for a patient. The registrar's privileges too are limited. She must not fail to keep in mind rotation of nurses, the place on the list; emancipation and specializing in consequence are needed. The growing popularity of post-graduate courses for nurses will make specializing possible; but this post-graduate field is a large one and post-graduate courses are not perfected everywhere, and not yet appreciated everywhere. They require separate papers and full and distinct discussion.

Is there any section of our work, where we have not vast

quantities to learn, immense problems to solve and new worlds to conquer? It is all so filled to overflowing with interest—so calling-out to be thought over, and prayed over, and discussed—that it does not seem possible any one of us can sit idle, can be held down and not want to get up and talk and stir up matters. We can't stay where we are; we must grow or die, and we won't die.

I have one last idea to put before you. How far can a nurse go in nursing men? That is, where is she to draw the line between a sick man, who in common humanity must be taken care of, and a man who is only nervous, a psychasthenic, who rather enjoys the society of a pleasant woman and willingly remains in her care for indefinite weeks or months? It is not the doctor who is going to settle this for us. He is a man himself, and he is too busy to think of everything. He must be too busy at least, or we should not have the lamentable spectacle of a young and attractive woman—a nurse—travelling unchaperoned, or but insufficiently chaperoned, with a man who only too evidently is not ill, as the public sees illness, and who would better have been sent back to his work if he cannot content himself with another man as servant or friend. Even in a man's own home, or in a hospital, where the rules of the place impose restraint, it is not always easy to nurse a man unless he is really ill, or unless one has the years or experience of life that arm one effectually against acts that are misinterpreted or put one beyond all reach of criticism. But in the open, in hotels, much has been the discredit brought on nurses by the exhibitions of bad taste on the part of young nurses in appearing with men, at times too when the very indifference of the nurse to any marks of attention made her fail to see what the world saw, and her high-mindedness made her scorn the thought of any criticism of her behavior. I should advise the nurses to think well on this subject, and if you are young, to be very careful what you do. The world manages the search-light and judges not only the individual nurse but most nurses by what it sees.

Nurses have been told not to prescribe drugs, but nurses still prescribe drugs. They have been warned against wastefulness in the use of other people's supplies, yet we hear of instances of great extravagance,—offset fortunately by stories of how a nurse was now and then mistreated—and abuses will always exist. The happy thing is that more and more we learn our faults, we see our opportunities day by day, and we do the best that it is given us to do in greater numbers continually. The millennium of private nursing will be when there are no more problems, when nurses are equally compounded of heart and mind and body, and all patients see their good points and are thankful.